

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		69300	

## INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)	Canceled
÷	.....	Restricted

N	.....	Non-elected
I	.....	Interference
A	.....	Appeal
O	.....	Objected

Claim	Final	Original				Date
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				
11	11	11				
12	12	12				
13	13	13				
14	14	14				
15	15	15				
16	16	16				
17	17	17				
18	18	18				
19	19	19				
20	20	20				
21	21	21				
22	22	22				
23	23	23				
24	24	24				
25	25	25				
26	26	26				
27	27	27				
28	28	28				
29	29	29				
30	30	30				
31	31	31				
32	32	32				
33	33	33				
34	34	34				
35	35	35				
36	36	36				
37	37	37				
38	38	38				
39	39	39				
40	40	40				
41	41	41				
42	42	42				
43	43	43				
44	44	44				
45	45	45				
46	46	46				
47	47	47				
48	48	48				
49	49	49				
50	50	50				

Claim	Original	Date
Final	Original	
44	51	✓
45	53	✓
46	54	✓
47	55	✓
48	56	✓
49	57	✓
50	58	✓
51	59	✓
52	60	✓
53	61	✓
54	62	✓
55	63	✓
56	64	✓
57	65	✓
58	66	✓
59	67	✓
60	68	✓
61	69	✓
62	70	✓
63	71	✓
64	72	✓
65	73	✓
66	74	✓
67	75	✓
68	76	✓
69	77	✓
70	78	✓
71	79	✓
72	80	✓
73	81	✓
74	82	✓
75	83	✓
76	84	✓
77	85	✓
78	86	✓
79	87	✓
80	88	✓
81	89	✓
82	90	✓
83	91	✓
84	92	✓
85	93	✓
86	94	✓
87	95	✓
88	96	✓
89	97	✓
90	98	✓
91	99	✓
92	100	✓

Claim	Final	Original	2 25	4 26	12 31	10 31	8 6	5 03	Date	12 41	10 31	8 6
80	106	106	✓	✓	✓	✓	✓	✓	124	✓	✓	✓
81	107	107	✓	✓	✓	✓	✓	✓	125	✓	✓	✓
82	108	108	✓	✓	✓	✓	✓	✓	126	✓	✓	✓
83	109	109	✓	✓	✓	✓	✓	✓	127	✓	✓	✓
84	110	110	✓	✓	✓	✓	✓	✓	128	✓	✓	✓
85	111	111	✓	✓	✓	✓	✓	✓	129	✓	✓	✓
86	112	112	✓	✓	✓	✓	✓	✓	130	✓	✓	✓
87	113	113	✓	✓	✓	✓	✓	✓	131	✓	✓	✓
88	114	114	✓	✓	✓	✓	✓	✓	132	✓	✓	✓
89	115	115	✓	✓	✓	✓	✓	✓	133	✓	✓	✓
90	116	116	✓	✓	✓	✓	✓	✓	134	✓	✓	✓
91	117	117	✓	✓	✓	✓	✓	✓	135	✓	✓	✓
92	118	118	✓	✓	✓	✓	✓	✓	136	✓	✓	✓
93	119	119	✓	✓	✓	✓	✓	✓	137	✓	✓	✓
94	120	120	✓	✓	✓	✓	✓	✓	138	✓	✓	✓
95	121	121	✓	✓	✓	✓	✓	✓	139	✓	✓	✓
96	122	122	✓	✓	✓	✓	✓	✓	140	✓	✓	✓
97	123	123	✓	✓	✓	✓	✓	✓	141	✓	✓	✓
98	124	124	✓	✓	✓	✓	✓	✓	142	✓	✓	✓
99	125	125	✓	✓	✓	✓	✓	✓	143	✓	✓	✓
100	126	126	✓	✓	✓	✓	✓	✓	144	✓	✓	✓
101	127	127	✓	✓	✓	✓	✓	✓	145	✓	✓	✓
102	128	128	✓	✓	✓	✓	✓	✓	146	✓	✓	✓
103	129	129	✓	✓	✓	✓	✓	✓	147	✓	✓	✓
104	130	130	✓	✓	✓	✓	✓	✓	148	✓	✓	✓
105	131	131	✓	✓	✓	✓	✓	✓	149	✓	✓	✓
106	132	132	✓	✓	✓	✓	✓	✓	150	✓	✓	✓
107	133	133	✓	✓	✓	✓	✓	✓	151	✓	✓	✓
108	134	134	✓	✓	✓	✓	✓	✓	152	✓	✓	✓
109	135	135	✓	✓	✓	✓	✓	✓	153	✓	✓	✓
110	136	136	✓	✓	✓	✓	✓	✓	154	✓	✓	✓
111	137	137	✓	✓	✓	✓	✓	✓	155	✓	✓	✓
112	138	138	✓	✓	✓	✓	✓	✓	156	✓	✓	✓
113	139	139	✓	✓	✓	✓	✓	✓	157	✓	✓	✓
114	140	140	✓	✓	✓	✓	✓	✓	158	✓	✓	✓
115	141	141	✓	✓	✓	✓	✓	✓	159	✓	✓	✓
116	142	142	✓	✓	✓	✓	✓	✓	160	✓	✓	✓
117	143	143	✓	✓	✓	✓	✓	✓	161	✓	✓	✓
118	144	144	✓	✓	✓	✓	✓	✓	162	✓	✓	✓
119	145	145	✓	✓	✓	✓	✓	✓	163	✓	✓	✓
120	146	146	✓	✓	✓	✓	✓	✓	164	✓	✓	✓
121	147	147	✓	✓	✓	✓	✓	✓	165	✓	✓	✓
122	148	148	✓	✓	✓	✓	✓	✓	166	✓	✓	✓
123	149	149	✓	✓	✓	✓	✓	✓	16			

Best Available Copy

**If more than 150 claims or 10 actions  
staple additional sheet here**

(LEFT INSIDE)

156 202  
157 203  
158 204  
159 205